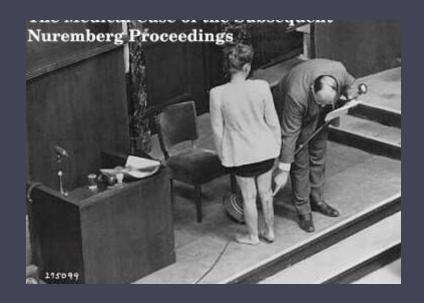
## Lederer part II



### First principle

The voluntary consent of the human subject is absolutely essential.

Strictly interpreted, the first principle would eliminate experiments on children, prisoners, the dying, the mentally ill

efforts to create a more workable code The Declaration of Helsinki (1964) Beecher concerned about new researchers who fail to understand their responsibilities

# Who were the research subjects in Beecher's 22 examples?

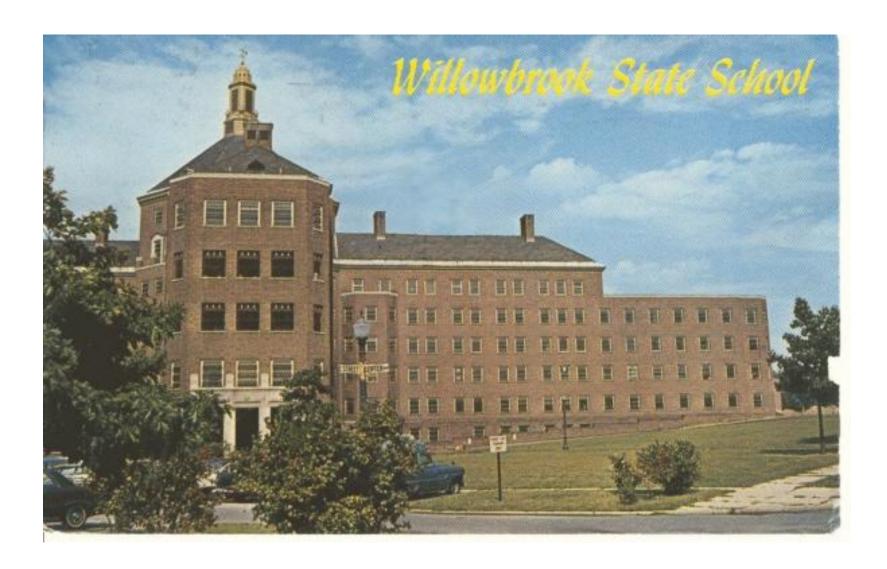
"mentally defective" children
mentally retarded and delinquent children
the very elderly
soldiers in the armed forces
charity patients
terminally ill
alcoholics
children and newborns
patients at the NIH Clinical Center

### Example 4

Study of effects of new antibiotic for treating acne using juvenile delinquents

the drug associated with liver problems

teenagers undergo repeated liver biopsies





Dr. Saul Krugman et al begin studies to acquire information about the natural history of hepatitis and work toward vaccine

#### Willowbrook studies

Newly admitted children (whose parents give consent) are given intramuscular injections of hepatitis or "milkshakes" with hepatitis



Krugman continued to defend the studies but issues persisted about informed consent, coercion, and study design (withholding gamma globulin)



SAUL KRUGMAN, M.D.

#### Example 17

# Jewish Chronic Disease Hospital case

Funded by USPHS and American Cancer Society

Injections of live cancer cells into elderly patients without consent

"did not wish to stir up any unnecessary anxieties in the patients" who had "phobia and ignorance" about cancer.

# The New York Times

#### Syphilis Victims in U.S. Study Went Untreated for 40 Years

By JEAN HELLER

The Associated Press

WASHINGTON, July 25—For 40 years the United States Public Health Service has conducted a study in which human beings with syphilis, who were induced to serve as guinea pigs, have gone without medical treatment for the disease and a few have died of its late effects, even though an effective therapy was eventually discovered.

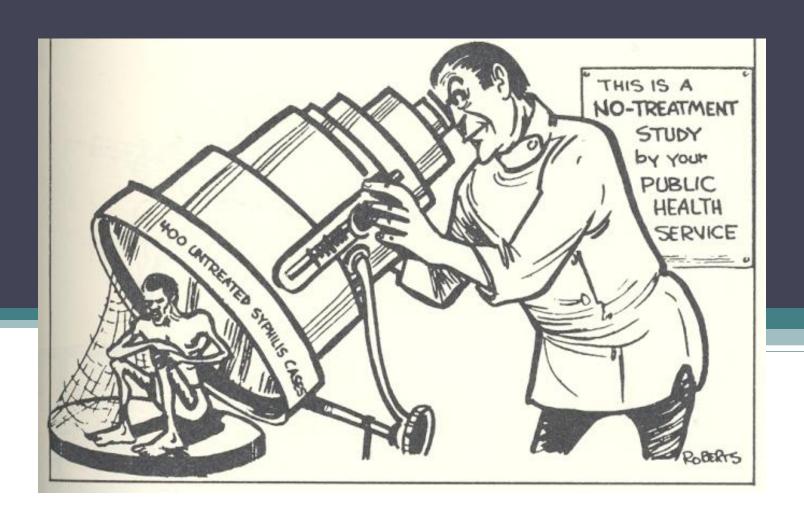
The study was conducted to determine from autopsies what the disease does to the human body.

Officials of the health service who initiated the experiment have long since retired. Current officials, who say they have serious doubts about the morality of the study, also say that it is too late to treat the syphilis in any surviving participants.

Doctors in the service say they are now rendering whatever other medical services they can give to the survivors while the study of the disease's effects continues.

Dr. Merlin K. DuVal, Assistant Secretary of Health, Education and Welfare for Health and Scientific Affairs, expressed shock on learning of the study. He said that he was making an immediate investigation.

The experiment, called the Tuskegee Study, began in 1932 with about 600 black men, July 25, 1972



### Study begins in 1932



(Courtesy National Archives)



#### PHS Surgeon General Thomas Parran,



Shadow on the Land

Head of PHS, 1936-1948

#### INCIDENCE OF SYPHILIS AMONG NEGROES





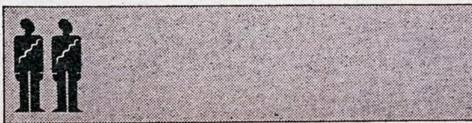










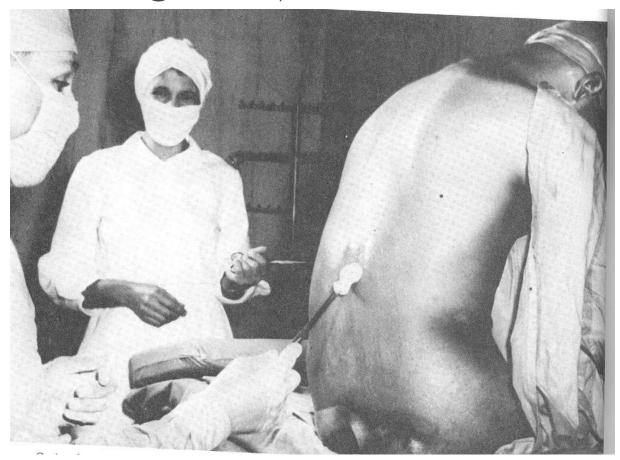


#### From treatment to "a study in nature"



Dr. Raymond
Vonderlehr offers
Negro men "last
chance for special free
treatment" for their
"bad blood"

# Lumbar puncture (to obtain spinal fluid for diagnosis)







#### World War II

• PHS asks Tuskegee draft board to exempt the men in the study from the draft

They serve in another war

#### **Nurse Eunice Rivers**



#### **Nurse Rivers**

obtains permission for autopsy

easier when a burial stipend of \$50 is provided

only one refusal in 140 requests

**Figure 3.** An unaltered view. Nurse Eunice Rivers measures a participant in the TSUS. Dr. Stanley Schuman records the data. The photograph was taken in the TVAH in February 1952. (National Archives, CDC, East Point, GA)

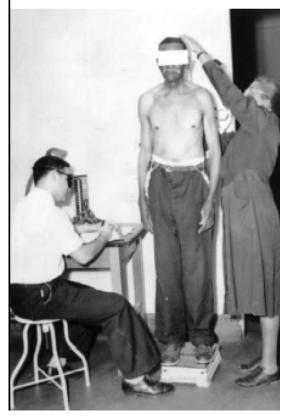


TABLE I. TABULAR LISTING OF DIFFERENCES IN THE UNTREATED SYPHILIS STUDIES IN ALABAMA AND IN NORWAY

	ALABAMA	NORWAY
Study population composition	Rural Negro men	White men and women
Control	Nonsyphilitic controls observed	No controls
Percentage autopsied of those who have died	63.3 per cent	24.3 per cent
Patient motivation for study participation	Volunteers with social incentives	Sickness and disability
Treatment status	Small amounts, especially in younger men	Less treatment available, espe
Clinical facilities	Newer x-ray, EKG, and serologic techniques	Best medical facilities of the time (1925-1927)
Spinal fluid examination	Most of the syphilitic patients had spinal fluid examinations at start of study	No routine spinal fluid examina tion reported
Selection of patient material	Acute syphilis and younger pa- tients treated and omitted at start of study; early and late latent patients studied and followed	Only early, untreated syphilis included

#### 1954

"for the first time, men in the study identified as "volunteers with social incentives"

#### U. S. PUBLIC HEALTH SERVICE



This certificate is awarded to

In grateful recognition of 25 years of active participation in the Tuskegee medical research study.

Lucy Burne Surgeon General

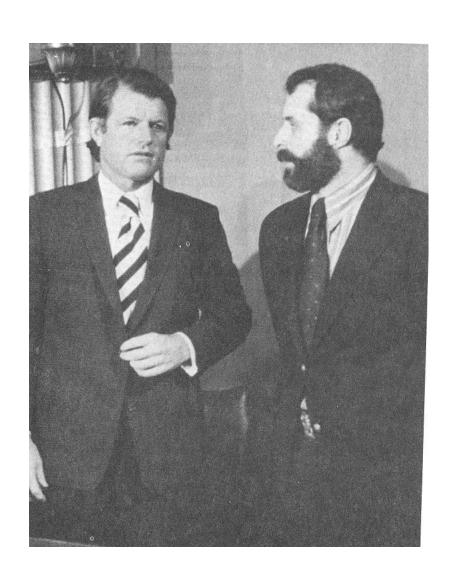
Awarded 1958

#### 1969

CDC convenes a blue-ribbon panel to determine whether Tuskegee study should continue only physician not familiar with the Study argues that the experiment should end and the men receive treatment the Study continues until 1972

## Study Revealed July 25, 1972





- Kennedy holds hearings on human experimentation including the TSS
- Legislation passed1974
- National Research Act

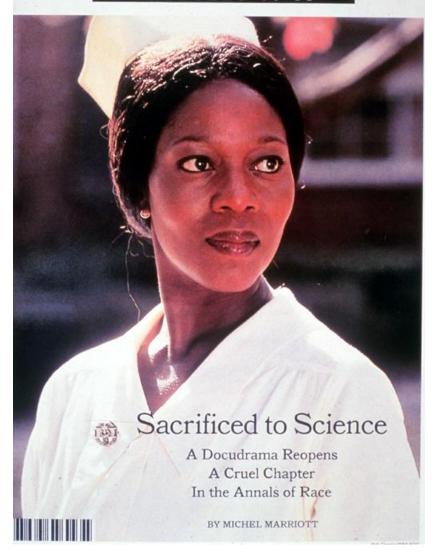
#### 1974 National Research Act

creation of a National Commission to study the moral issues posed by human experimentation

new federal regulations for IRBs and written informed consent

### **Television**

FEBRUARY 16-22



# Persistent stories about the deliberate infection of the men in Tuskegee with syphilis

#### The AIDS 'Plot' Against Blacks

Bizarre as it may seem to most people, many black Americans believe that AIDS and the health measures used against it are part of a conspiracy to wipe out the black race.

A survey of black church members in 1990 found that an astonishing 35 percent believed AIDS was a form of genocide. A New York Times/WCBS-TV News poll in 1990 found that 1 black in 10 believes the AIDS virus was "deliberately created in a laboratory in order to infect black people" and

an additional 2 in 10 thought that might be so. A Gallup/Newsweek poll in March produced similar results.

Even some dedicated black health workers engaged in the fight against AIDS decline to disavow these fears. Testifying before the National Commission on AIDS, one said that "until proven otherwise" she considered AIDS a man-made disease.

Worse yet, the treatments and preventives against AIDS have become suspect. Some blacks believe that AZT, the harsh drug used to combat the disease, is a plot to poison them

... that campaigns urging use of condoms, the best way to prevent sexual transmission, are a scheme to reduce the number of black babies ... that distributing clean needles to slow transmission among addicts is a plot to encourage drug abuse.

At its most destructive, the paranoia causes many blacks to avoid medical treatment. Unless black and Hispanic leaders play a more vigorous role in countering the fears and mistrust, it will become ever harder to slow the epidemic.

The task is urgent because the disease is now spreading most rapidly among minorities. Last year, for the first time, the number of AIDS cases reported for minorities exceeded the number for whites. Most worrisome for the future, blacks account for a majority of AIDS cases in women and children, "AIDS in future generations may be primarily a disease of black people," the New York Department of Health warned last month.

Yet the response to this growing crisis has been sluggish. Financially pressed minority organizations and local governments have little energy for fighting AIDS, especially given the stigma attached to its main victims, homosexuals and drug addicts. But whether financing for minority AIDS programs has lagged behind white programs, as some black leaders charge, is not clear. Federal and state funds to minority AIDS organizations have gone up and the Government's central programs, like counsel-

ing and testing services, have huge minority caseloads.

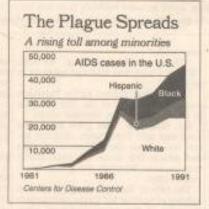
No programs, even if well financed, will succeed without a change in attitudes. Thus it is welcome news that the New York State Health Department, with the help of black politicians and community leaders, has started a media campaign to encourage blacks to mobilize against AIDS.

The campaign rightly stresses that AZT and condoms are not plots against blacks. But it refuses to counteract the paranoia about AIDS as genocide, saying only that no matter

how AIDS got started, there are ways to stop it. Campaign officials reasoned that few blacks would believe government denials anyway. But surely black leaders and public figures with high credibility, such as Magic Johnson, the basketball star, could do much to discredit the pernicious and dispiriting rumors.

Meanwhile, Federal, state and local health officials need a far better assessment of the flow of AIDS money into minority communities and stronger programs to fight the disease there. Costly drug treatment ought to be provided to all who seek it, an investment that would yield dividends far beyond slowing the spread of AIDS. And more vigorous outreach programs might persuade more individuals to avoid risky behavior.

As white Americans, shaken by the riots in Los Angeles, search for ways to help afflicted and distrustful minorities, there's no wiser way to start than AIDS. A failure to treat and prevent AIDS among minorities: That would be the true genocide.



Presidential apology 1995

# IIIMan Radiation Experiments Final Report of the President's Advisory Committee

White House Apology for the Syphilis Study,

May, 1997





White House apology ceremony, 16 May 1997. Participants and survivors of the study (first row): Herman Shaw, Fred Simmons, Charles Pollard, Frederick Moss, Carter Howard. White House officials (back row): U.S. Surgeon General David Satcher, President William J. Clinton, Vice-President Albert Gore.

#### Wielding the "Tuskegee Analogy"

In 1997 NEJM acting editor Marcia Angell compares placebocontrolled trials for preventing vertical transmission of HIV from mothers to infants to the Tuskegee Study

#### 2001

Maryland State Supreme Court rules that families can sue the Kennedy-Krieger Institute (JHMI), comparing the research on effects of lead paint on children to both Nazi experiments and the Tuskegee Study.

# President Bush vetoes stem cell research bill, summer 2006

research on human stem cells

"constitutes a grave violation of human rights just as we saw in the Tuskegee experiments here in the United States and in the Nazi experiments of World War II."



Some characterize the Tuskegee Syphilis Study as the American Holocaust

# Scandal, tragedy and revelation continues

## 



"ETHICALLY IMPOSSIBLE" STD Research in Guatemala from 1946 to 1948

Presidential Commission for the Study of Bioethical Issues

#### John Cutler



John C. Cutler From the National Library of Medicine

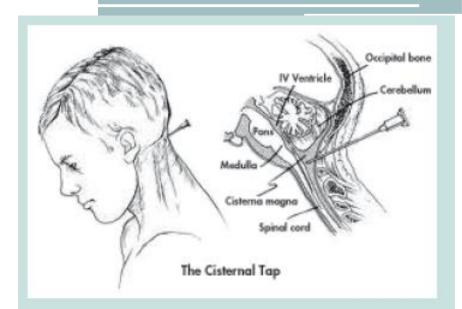


Diagram of a cisternal puncture.
From Alexander G. Reeves, M.D. and Rand S. Swenson,
M.D., Ph.D., "Disorders of the Nervous System"

"I saw Doctor Parran on Friday [February 14] and he wanted to know if I had had a chance to visit your project. Since the answer was yes, he asked me to tell him about it and I did so to the best of my ability. He was familiar with all the arrangements and wanted to be brought up to date on what progress had been made. As you well know, he is very much interested in the project and a merry twinkle came into his eye when he said, 'You know, we couldn't do such an experiment in this country." 581

# Learning the past, living with the past, forming the future